



Kentucky Transportation Cabinet
Division of Motor Carriers
DISABLED PERSONS VEHICLE QUALIFICATION

TC 95-589
07/2009

MAIL TO:

PO Box 2007, Frankfort KY 40602-2007
Phone: (502)564-4127 8:00 am – 4:30 pm EST
Walk ins: 8:00 am – 4:00 pm EST
<http://transportation.ky.gov/dmc>

Company Name _____ Certificate No. _____

Type of vehicle: ☐ Van ☐ Bus

Year _____ Make _____ Model _____ VIN No. _____

Per KRS 281.014(5)(a), all disabled persons vehicles are required to be especially equipped and used for the transportation of persons with disabilities in accordance with the accessibility specifications of 49 CFR Part 38. A disabled persons vehicle means a van or bus that requires mobility aid accessibility and an integrated mechanical lift or ramp. It shall be designed and constructed to transport not more than fifteen (15) passengers plus the driver. It shall not mean an ambulance as defined in KRS 311A.010 or a motor vehicle equipped with a stretcher.

Please select below if your vehicle has any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Lift | <input type="checkbox"/> Ramp |
| <input type="checkbox"/> Engine/Wheelchair Interlock System | <input type="checkbox"/> Lift Capacity of at least 600 lbs |
| <input type="checkbox"/> Automatic Anti-Roll-Off Barrier | <input type="checkbox"/> Hand Rails 30-38 Inches Tall |
| <input type="checkbox"/> Platform Tilt of 1 Inch or Less | <input type="checkbox"/> Platform 30 Inches Wide by 48 Inches Long |
| <input type="checkbox"/> Wheelchair Tie-Downs | <input type="checkbox"/> Wheelchair Seatbelts |
| <input type="checkbox"/> Floor to Ceiling Height Clearance of 56 Inches | <input type="checkbox"/> Floor to Ceiling Height Clearance of 68 Inches |
| <input type="checkbox"/> Wheelchair Operable Manually/Automatically | |

I, _____ certify that I am familiar with KRS 281.014(5)(a). Under KRS 281.990(1)(b), I understand that all carriers shall be fined not less than \$25.00 and no more than \$200.00 if a carrier knowingly makes any false or erroneous statement, report, or representation to the Department of Vehicle Regulation with the respect to any matter placed under the jurisdiction of the department by this chapter and under KRS 281.990(2)(b), any person who operates as a motor carrier in violation of the terms of the certificate or permit shall be fined not less than \$2,000.00 and no more than \$3,500.00.

Signature _____ Date _____ Title _____

THIS FORM SHALL BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

My Commission Expires

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622